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JAN 26 1934

Do not use this space.

35996

1. PLACE OF DEATH

County _Clay_

Township _Fishing River_

City _Excelsior Springs_ (No. _____ , St. _____ Ward)

Registration District No. _198_

Primary Registration District No. _5277a_

File No. _____

Registered No. _138_

2. FULL NAME _Fred Alonzo Smallwood_

(a) Residence, No. _Farm 3 Mi South Ex Sp_ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Male_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Child_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _Child_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Nov 8 - 1933_

7. AGE YEARS ___ MONTHS ___ DAYS _9_ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _X_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _X_

10. Date deceased last worked at this occupation (month and year) _X_

11. Total time (years) spent in this occupation _X_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Clay Co Mo_

FATHER

13. NAME _Chester Smallwood_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ill_

MOTHER

15. MAIDEN NAME _Winnifred Andrew_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ray Co Mo_

17. INFORMANT _Chester Smallwood_
(ADDRESS) _Excelsior Springs, Mo._

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Pisgah_ DATE _11-18-33_

19. UNDERTAKER _Herbert Hoge_
(ADDRESS) _Excelsior Springs Mo_

20. FILED _Nov 18_ 19 _33_ _Y. A. Crow_ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Nov 17_ , 19 _33_

22. I HEREBY CERTIFY, That I attended deceased from _Nov 8_ , 19 _33_ , to _Nov 17_ , 19 _33_

I last saw h___ alive on _Nov 17_ ; 19 _33_. Death is said to have occurred on the date stated above, at _9-20 a m_

The principal cause of death and related causes of importance were as follows:

Pneumonia from Lobulon

Date of onset ___

Other contributory causes of importance ___

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ , 19 ___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? _No_

If so, specify ___

(Signed) _Chas P Bartley_ , M. D.

(Address) _Excelsior Springs Mo_